

William. S. Bowers

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Sept 25

Age

Y.

M.

D.

8

Native of

Maryland

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Kent A Bowers

Annie M Hoffecker

Cause of

Primary

How long sick

Death

Immediate

Cholera Infantum

Accident, Suicide, Homicide

Reported by

Bradley & Sparks undertakers

Address

Crown Point

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel James Brooks,

Died at ^{Town} Sudlersville ^{County} 2. A. MARYLAND

Date 1902 Sept. 22 Age 24 Md. Occupation _____
 Male ~~Female~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~
 Colored Single Number of children living _____

Husband of

Wife

Father's Name Suel J. Brooks Mother's Name Mary E. Watson

Cause of Death { Primary 179 How long sick _____
 Immediate Don't know, did not see physician Accident, Suicide, Homicide

Reported by E. W. Simmons M.D.
 Address Sudlersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charlott A Brown

Died at Town @ Centerville

County Q & Cr.

MARYLAND

Date 1907 Sep 8 Month Day Y. M. D. Native of Ind Occupation None
 Male ~~White~~ Married ~~Widow~~ Divorced ~~Single~~ Number of children living 3
 Female Colored

Husband of Percy Brown

Father's Name E Johnson

Mother's Name Rachael Johnson

Cause of Primary Arterio-sclerosis 81 How long sick

Death Immediate Cerebral Hemorrhage Accident, Suicide, Homicide

Reported by

Jas Bradley M.D.

Address

Centerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

742.

LIBRARY BUREAU



Name In Full

Certificate of Death

Died at

Date 19

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

Maiden Name

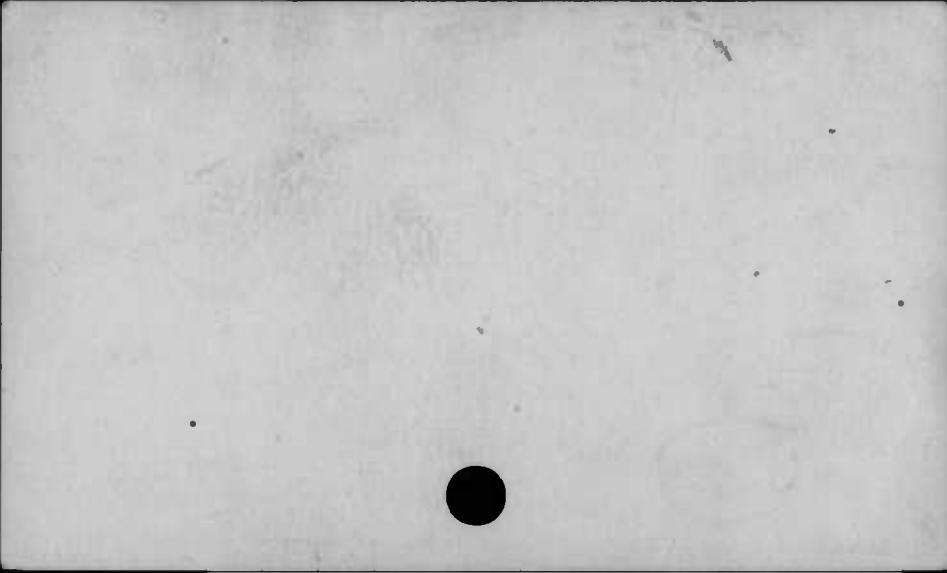
How long sick

Accident, Suicide, Homicide

Primary

Immediate

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

William H Busted

Died at ^{Town} Ludersville ^{County} Surry Anne

MARYLAND

Date 1902 ^{Month} 9 ^{Day} 17 ^{Age} 26 ^{Y.} 4 ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} clerk

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's Name Rich M Busted

Mother's

Name

Maiden Name

Eliza J Williams

Cause of

Primary

Apparent tuberculosis

How long sick

Three weeks

Death

Immediate

Hemorrhage of lungs

Accident, Suicide, Homicide

Reported by

Foster Luder

Address

Ludersville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Fuller's
Country

Name
in
Full

Sarah E. Caleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leesville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>9</i>	Day <i>11</i>	Age	Years <i>5</i>	Months <i>14</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Stonchester Md</i>		
Married, Single or Widowed <i>single</i>		Occupation <i>nursing</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>John H Caleman</i>			Father's Birthplace <i>Queen Anne's</i>		
Mother's Maiden Name <i>Sallie B Turner</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>John H Caleman</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteric Colic</i>	<i>105</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Miss Kraus Md</i>	
	Address <i>Leesville, Md</i>	
Accident or Suicide?		



Name
in
Full

Elsie May Collier

CERTIFICATE OF DEATH

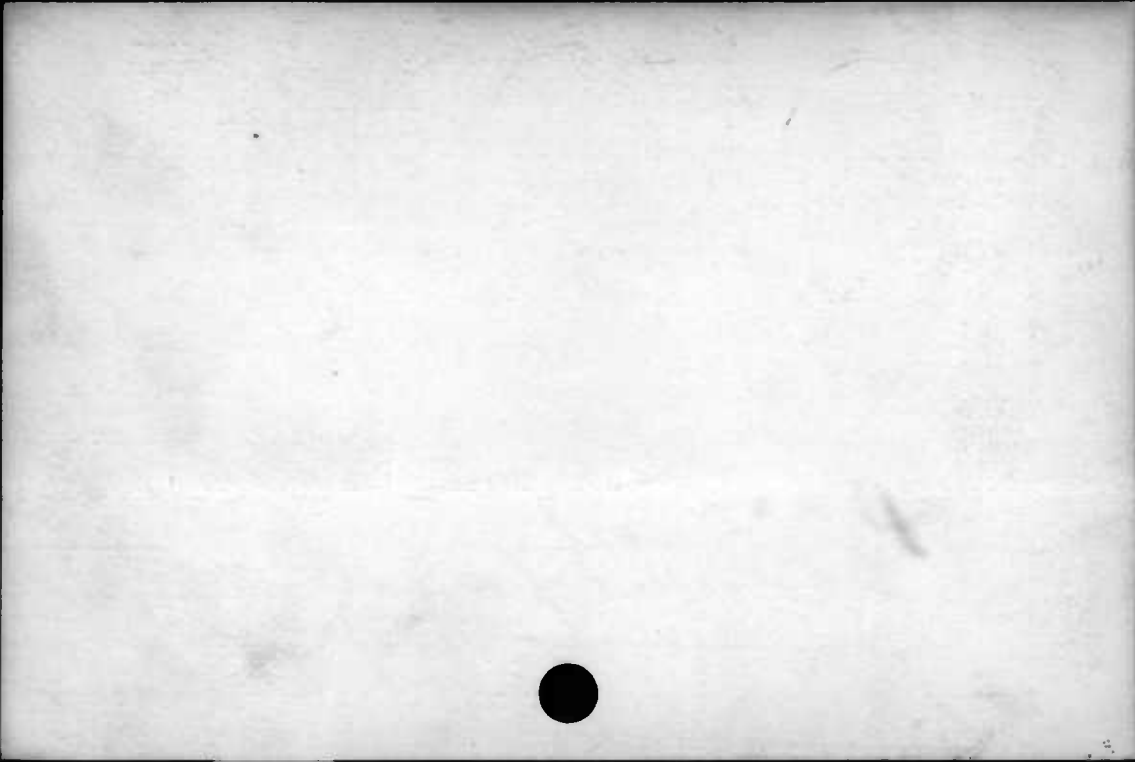
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester		County Queen. Co.		MARYLAND	
Date of death 1902	Month 9	Day 1	Age	Years	Months 9	Days	
Sex	Female		Color or Race	white		Birth- place	Winchester
Married, Single or Widowed	X		Occupation		X		
Name of Wife or Husband	X		X		X		
Father's Name	Thomas H Collier				Father's Birthplace	Winchester	
Mother's Maiden Name	Gracie Bryan				Mother's Birthplace	Winchester	
Name of person giving In formation	Jas O. Sadden				How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis		How long	8
Immediate	Cholera Infantum		How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Wm N. Beall M.D.
	X		Address	Ford Stree Md.
Accident or Suicide?	X			



Name
in
Full

Mary E. Downes

CERTIFICATE OF DEATH

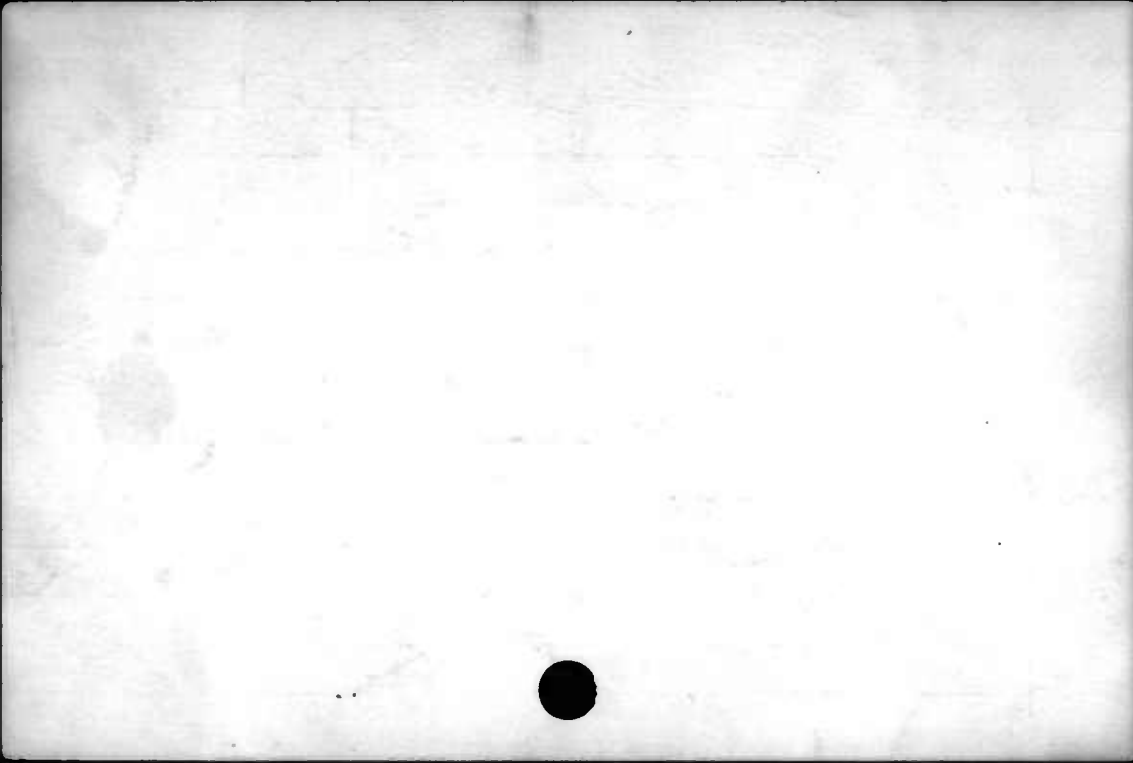
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Stevensville		County Queen Anne		MARYLAND	
Date of death 1902	Month Sept	Day 27	Age 60	Months	Days		
Sex Female	Color or Race Caucasian		Birth- place Kent Island				
Married, Single or Widowed Married		Occupation House wife					
Name of Wife or Husband Charles B. Downes							
Father's Name James Bright		Father's Birthplace Kent Island					
Mother's Maiden Name Martha Erickson		Mother's Birthplace " "					
Name of person giving In formation Hugh A. Legg		How related to deceased no					

CAUSES OF DEATH.

PHYSICIAN
OR CORONER

Primary	Anaemia	How long	One year
Immediate	Shock from fall	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Kemp Snyder
		Address	Kent Island
Accident or Suicide?			Yhd.



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Male

White

Female

Colored

Single

Widower

Number of children living

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79802

Church Hill
Quincy

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Name of person giving information	M. C. Goodman -	How related to deceased
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Accident or Suicide?

Suddersville

Name
in
Full

Tamsey Elizabeth Ireland

CERTIFICATE OF DEATH

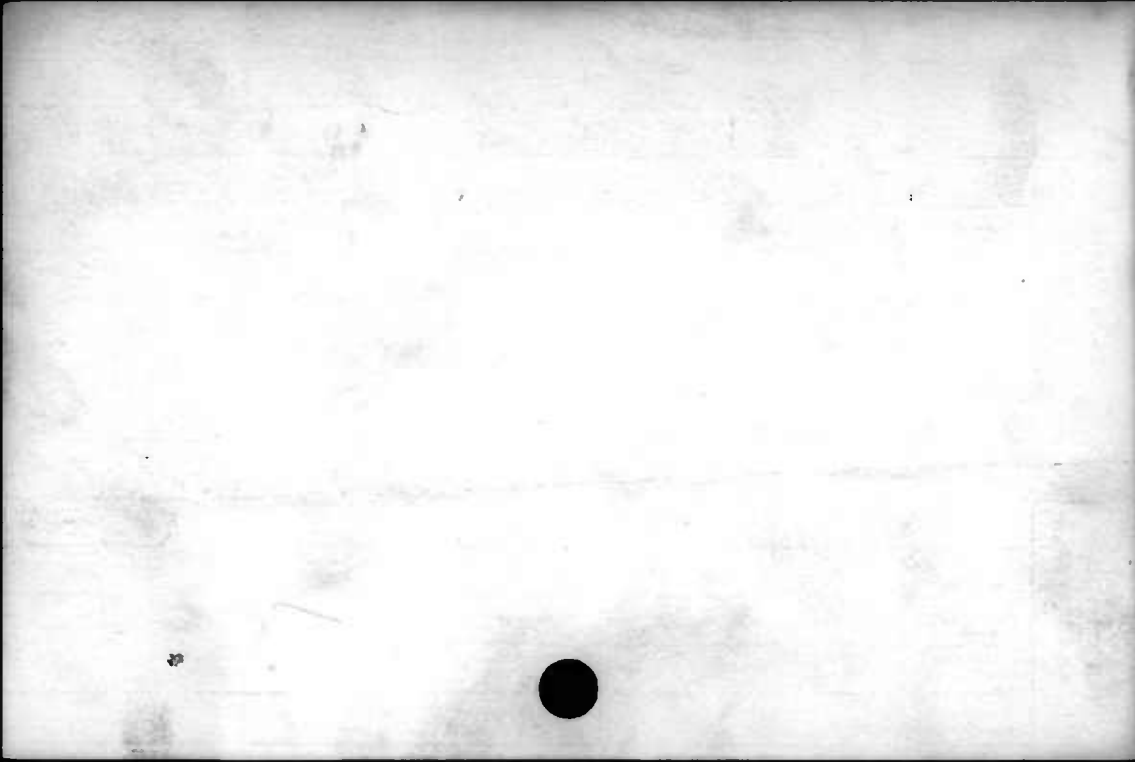
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Winchester</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>21</i>	Age <i>2</i> ^{Years}	Months <i>6</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Winchester</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>no occupation</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>Robert H Ireland</i>			Father's Birthplace <i>Falbo Co</i>		
Mother's Maiden Name <i>Tamsey E. France</i>			Mother's Birthplace <i>2 A Co</i>		
Name of person giving information <i>Hubert J Roe</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>5 weeks</i>
Immediate <i>Meningitis & pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. W. Beall M.D.</i>
	Address <i>Ford Store</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Beyamin

Johnson

Town

County

Died at

Beyamin

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

9 28

Age

75-

Ind

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

7

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Cancer

45

How long sick

one year

Death

Immediate

11

Accident, Suicide, Homicide

Reported by

Dr W. E. Ramey

Address

Hickory

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Buried Holdens

Queensan @

Ind

Michael Pierce

Died at ^{Town} *Roe'sville* ^{County} *Lucas* *MARYLAND*

Date 1902 *Sep. 23* | Age *70* | Y. M. D. | Native of *Maryland* | Occupation *Wife*

☒ Male ☒ White ☒ Married ☒ Widow ☒ Divorced

☐ Female ☐ Colored ☒ Single ☒ Widower | Number of children living *5*

~~Husband~~ of *John Pierce*

Wife of *John Pierce*

Father's Name *Pamph Mason* | Mother's Maiden Name *do not know*

Cause of Death { Primary *Pulmonary Tuberculosis* | How long sick *9 months*

Death { Immediate *Hemorrhage* | *27* | Accident, Suicide, Homicide

Reported by *D. W. Slack and J. R. Huthorn*

Address *Ruthsburg* *Lucas Co., Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C. H. Pritchett

Groveland

Ma

Ezekiel Rasbury

Town

County

Died at Rich Neck Queen Anne's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept 10

Age

50

"

"

Queen Anne's

Farmer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

one

Husband
of

Wife

Father's

Name

Ezekiel Rasbury

Mother's

Maiden Name

Ruth Daniels

Cause of

Primary

Consumption

How long sick

one year

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

Bradley & Sparks undertakers

Address

Crompton

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary E Roe

CERTIFICATE OF DEATH

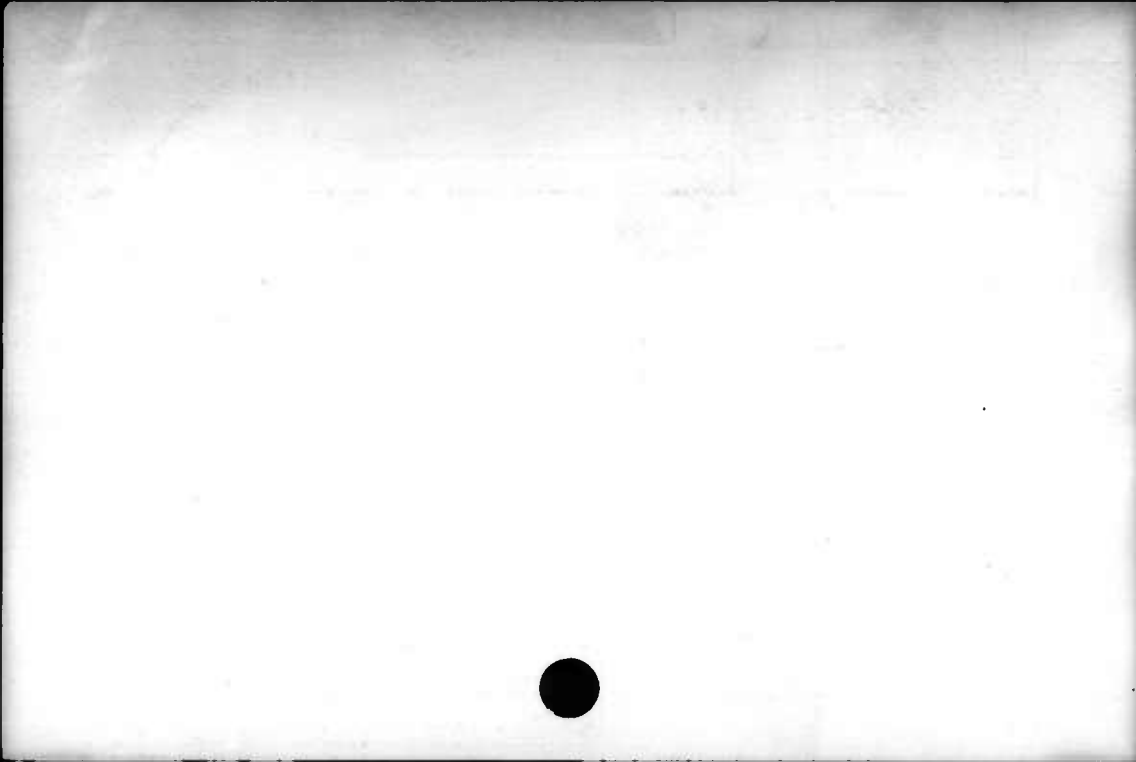
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queens town</i>		County <i>Queen Anne's Co</i>		MARYLAND.	
Date of death 190 <i>2</i>	Month <i>9</i>	Day <i>6</i>	Age <i>34</i>	Months <i>11</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>2 Hled.</i>		
Married, Single or Widowed			Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>Chas E Roe</i>					
Father's Name <i>J John Gardner,</i>			Father's Birthplace <i>2 Hled</i>		
Mother's Maiden Name <i>Frances Julianne</i>			Mother's Birthplace		
Name of person giving in formation <i>W E Morris</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas Cockey</i>
	Address <i>Queens town</i>
Accident or Suicide?	



Samuel A Skinner
 Died at *Curtisville* ^{Town} *Tazewell* ^{County} MARYLAND
 Date 19*02* ^{Month} *9* ^{Day} *13* Age *6 15* ^{Y.} ^{M.} ^{D.} Native of *Ind* Occupation *nursing*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *Tazewell*



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband

of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

White

~~Colored~~~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~

Number of children living

Mother's
Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

LIBRARY BUREAU, 70996

Willing that country

Name
in
Full

Dewey Thompson's
Town *Carmichael* County *Dunn Camp*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Date of death 1902		Month	Day	Age	Years	Months	Days
<i>Sept</i>		<i>5</i>		<i>5</i>	<i>5</i>	<i>5</i>	<i>5</i>	<i>5</i>	<i>5</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>		Birth-place	<i>Perry homes</i>			
Married, Single or Widowed	<i>X</i>	Occupation	<i>X</i>						
Name of Wife or Husband	<i>X</i>								
Father's Name	<i>Bosley Thompson</i>					Father's Birthplace	<i>Pine hick</i>		
Mother's Maiden Name	<i>Hellie Colahan</i>					Mother's Birthplace	<i>" "</i>		
Name of person giving information	<i>Dr Beall</i>					How related to deceased	<i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
<i>Diphtheria</i>	<i>9a</i>
Immediate	How long
<i>yes</i>	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>X</i>	<i>W. B. Beall M.D.</i>
	Address
	<i>Ford St. Md</i>
Accident or Suicide?	
<i>X</i>	<i>over</i>

"Remarks"

Aug 27th

Child was taken sick only
I was called in Aug 30th 1902
The parents treated child for
Dysentery, and valuable time
was lost.

The above is the following of an
ass -

Name
in
Full

John Alfred young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Male		white		Winchester			
Married, Single or Widowed		Occupation					
X		X		X		X	
Name of Wife or Husband		X		X		X	
Father's Name		John Alfred young		Father's Birthplace		Talbot.	
Mother's Maiden Name		Louisa Pentz		Mother's Birthplace		Baltimore	
Name of person giving information		John A. young		How related to deceased		Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	151
Immediate	Inanition	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Shrover, H. B.	
		Address	
		Winchester, Md.	
Accident or Suicide?			

